

HEALTH
A 15 OCT 49
C.R. 31

THEDWASTRE RURAL DISTRICT COUNCIL.



WEST SUFFOLK.

R E P O R T


of the

MEDICAL OFFICER OF HEALTH

for the Year

1948.

ROBERT H. CLAYTON, M.B., B.S., B.Hy., D.P.H.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30183078>

ANNUAL REPORT

of the

Medical Officer of Health for the Rural District
of Thedwastre in the County of West Suffolk for the year
ending 31st December, 1948.

Public Health Offices,
8, Whiting Street,
Bury St. Edmunds.

To:-

October 1949.

The Chairman and Members of the
Rural District Council of Thedwastre.

Mr. Chairman, Ladies and Gentlemen,

Herewith I beg to submit for your favourable consideration
my Annual Report as Medical Officer of Health, being that for the
year ended 31st December, 1948.

5th July, 1948, was the date on which the changes under the
National Health Service Act, 1946, took effect - this Council, together
with all other District and Borough Councils in West Suffolk by seeking
delegation of powers from the County Council, indicated its desire to
participate in the moulding of the health services enumerated in Part III
of the Act. This delegation was not granted but many alterations to the
County Council's schemes for each section suggested by the Districts
were incorporated.

I wish to acknowledge with sincere thanks the help and
consideration given to me by my colleagues and all members of the Council.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

ROBERT H. CLAYTON.

M.B., B.S., B.Hy., D.P.H.

Public Health Officers of the Authority.

(a) Medical - One part-time Medical Officer of Health

Robert H. Clayton, M.B., B.S., B.Hy.,
D.P.H. (Durham), Cert. Mental Deficiency
and Allied Subjects (London), appointed
1st July, 1938.

This Officer does not engage in private practice but holds in
addition the following appointments:-

Medical Officer of Health, Newmarket U.D.C.	}	Appointed 1st July, 1936.
Mildenhall R.D.C.		
Thingoe R.D.C.		
Cosford R.D.C.		Appointed February 1937.

(b) Others - One Sanitary Inspector,

Oswald J. Wyatt, M.S.I.A., A.R.San.I.,
Meat Cert. R.S.I., appointed June 2nd, 1930,
also Building Surveyor and Housing Manager.

SECTION A.
STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

1. GENERAL STATISTICS.	Area	..	..	..	..	34,126 acres.
Registrar General's estimate of the resident population	..	..	..	..	1948. 8,524	(1947). (8,199)
Number of inhabited houses at end of year according to Rate Book	..	..	..	..	2,738	(2,608)
Rateable Value	..	..	..	..	£27,160	(£27,416)
Sum represented by a Penny Rate	..	..	..	..	£113	(£114)

2. EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births.	Total.		Male.		Female.	
	1948.	(1947)	1948.	(1947)	1948.	(1947)
Legitimate	150	(131)	74	(66)	76	(65)
Illegitimate	11	(19)	7	(11)	4	(8)
Stillbirths.						
Legitimate	2	(4)	2	(3)	Nil	(1)
Illegitimate	Nil	(Nil)	Nil	(Nil)	Nil	(Nil)
Deaths.	102	(125)	52	(65)	50	(60)

	Thedwastre.			England & Wales.	
	1936 to 1945			1948.	(1947)
	Decade	1948.	(1947)		
	Average.				
Birth Rate.(Live births per 1000 civilian population)	15.6	18.9	(18.3)	17.9	(20.5)
Rate of Illegitimate births per 1000 legitimate births.	76	73.3	(145)	-	(-)
Stillbirth Rate per 1000 total (live & Still)births.	36.2	12.3	(26.0)	-	(-)
Death Rate per 1000 resident population.	13.2	12.0	(15.2)	10.8	(12.0)
Death Rate of Infants under 1 year.					
All infants per 1000 live births.	43.7	18.6	(73.3)	34	(41)
Legitimate Infants per 1000 legitimate births.	41.2	20.0	(61.1)	-	(-)
Illegitimate Infants per 1000 illegitimate births.	76.1	Nil	(157.9)	-	(-)

The total number of Live Births to Thedwastre Residents during 1948 was 161, of which 92 were born in Thedwastre and 69 elsewhere.

The number of Stillbirths in 1948 was 2 and in 1947 the corresponding figure was 4.

Illegitimate Births declined from 26 in 1945, to 23 in 1946, to 19 in 1947 and to 11 in 1948.

Three deaths of infants under 1 year occurred (3 females legitimate), no deaths from Maternal Causes (Headings 29 and 30), 9 deaths from Cancer and no deaths from Measles, Whooping Cough or Diarrhoea (under 2 years) were recorded.

On Page 5 is a table giving the causes and number of deaths in 1948 occurring at the various age groups. The totals correspond with the Registrar-General's figures.

The deaths are classified under the headings given in the New Abridged List of Causes, as used in England & Wales & Northern Ireland, as set out on Page XXXIX of the Manual of the International List of Causes of Deaths - 1938.

STATISTICS AND GENERAL INFORMATION OF THE AREA

1. GENERAL STATISTICS	Area	At 1st Nov.
Registrar General's estimate of the population	1946	(1947)
Number of inhabited houses at end of year	6,324	(6,111)
according to Rate Book	2,738	(2,608)
Rateable Value	227,160	(227,446)
Sum represented by a penny rate	2115	(2111)

2. EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

Live Births	1946	1947	1948	1949
Legitimate	120	(111)	14	(10)
Illegitimate	11	(11)	7	(4)
All Births	131	(122)	21	(14)
Deaths	2	(1)	2	(1)
Legitimate	211	(211)	211	(211)
Illegitimate	142	(122)	22	(20)

1946 to 1947	1947	1948	1949	1950
Birth Rate (Live Births per 1000 population)	12.6	10.2	(10.2)	17.9
Rate of Illegitimacy (Illegitimate Births per 1000 legitimate births)	70	73.2	(145)	-
Stillbirth Rate per 1000 total (live & still) births	26.2	12.2	(46.0)	-
Death Rate per 1000 resident population	12.2	12.0	(12.2)	10.8
Death Rate of Infants under 1 year	43.7	18.6	(73.2)	34
All Infants per 1000 live births	41.2	20.0	(61.1)	-
Legitimate Infants per 1000 legitimate births	70.1	71.1	(227.2)	-

The total number of live births to females resident during 1946 was 121, of which 22 were born to non-residents and 99 elsewhere.

The number of stillbirths in 1946 was 2 and in 1947 the corresponding figure was 1.

Illegitimate Births declined from 26 in 1945, to 22 in 1946, to 12 in 1947 and to 11 in 1948.

Three deaths of infants under 1 year occurred (3 females legitimate), no deaths from Hospital Gynaec (Residence 22 and 20), 2 deaths from Cancer and no deaths from Measles, Whooping Cough or Diphtheria (under 2 years) were recorded.

On Page 5 is a table giving the causes and number of deaths in 1946 occurring at the various age groups. The figures correspond with Registrar-General's figures.

The deaths are classified under the headings given in the New Abridged List of Causes, as used in England & Wales & Northern Ireland, as set out on Page XXIX of the Manual of the International List of Causes of Deaths - 1938.

The Thedwastre Rural District, comprising twenty parishes, is situated on the East of West Suffolk, and being almost completely agricultural, relies for its markets on the nearby towns of Bury St. Edmunds & Stowmarket.

Among the 2,738 inhabited houses are included 205 farm houses, and work on these farms is found for the major portion of the workers included in the population of 8,524.

There is at Elmswell a modern Bacon Factory at which, (as recorded in Section "E", "Meat and Other Foods"), 40,400 pigs were slaughtered and cured during 1948. The District also contains six flour mills, two agricultural engineering works, a brick works, a printing works, a saw mill, and a pottery. This latter pottery, situated in the parish of Wattisfield, in the northern portion of the District, serves to remind not only of the geology of the District but also of one of its past industries and its present endeavours.

Felsham, in the South of the District, is about 300 feet O.D., being situated in the middle of a ground slope which extends from Depden, Elms Farm, (in the South-West corner of the Thingoe Rural District, where the ground is 420 feet O.D.) to the South of Stowmarket, (where the ground is about 200 feet O.D.). A subsidiary ridge runs North through Rattlesden, Woolpit and Elmswell to Rickinghall, dropping to about 100 feet O.D. in the Little Ouse Valley. In the West of the County the surface is chalk, but in the Thedwastre area the chalk is covered by boulder clay.

Archaeological finds indicate that the local clay pits have formed the basis of a pottery industry at Wattisfield since very early times. The oldest potsherds found belong to the iron age and date probably from about 600 B.C. In the first century A.D. Wattisfield became an important pottery centre and there is ample evidence of a flourishing Romano-British pottery industry with pottery being made in considerable quantities in Wattisfield, Rickinghall, Botesdale and Hinderclay, making this centre one of the largest Roman potteries in East Anglia. With the industrialization of the Staffordshire potteries, and the development of rail transport in the first half of the nineteenth century, Wattisfield found itself unable to compete with the new white domestic ware, but Watson's Pottery at Wattisfield preserved the industry by producing large glazed bread and water pots, plant pots, pipes, tiles and the like. To-day this Pottery, appreciating the demand for traditional English wares, is enjoying a renaissance and the production of many typical English, handmade pottery items is both providing an export trade and employment for a number of our inhabitants.

From a Public Health point of view the year 1948 will always be memorable in that on the 1st July there came into being the National Health Service Act which, of course, is a potent instrument to affect the social conditions of the community. It must be acknowledged that the Act, which has for its purpose the provision to all inhabitants of a Medical Practitioner and Specialist Service, Dental Service and Hospital accommodation, has at its core the highest purpose and an aim which obtained the support not only of all political parties but also of the whole of the medical profession.

There have, of course, been many teething troubles as could be expected by the precipitated manner in which the Act came into being, but the life of man is very short and that of a government usually considerably less, so that, possibly, there was justification for starting the Scheme without having worked out all the details and for relying upon the good-will and personal endurance of those concerned to build up a service to bring to fruition the high aim underlying the Act.

"Teething" difficulties now indicated are so done in the hope that hereafter they will constitute mere reminders of what has been overcome.

The balance of supply and demand has been upset in medical, dental and ophthalmic services and it is somewhat galling to realise that the past efforts of those in the preventative services have served to increase this upset as may be illustrated by the dental position.

Before the Act, excluding school children and members of H.M. Forces, something like four-fifths of the community would only attend the dentist under the provocation of intense pain or disfigurement. They would put up with a moderate degree of toothache or localised abscesses until, at an average age of 30-35 (all too often in the late 'teens even), when the number of serviceable teeth in the mouth was reduced beyond reason, or the patient's doctor insisted, they sought an estimate for a clearance and full dentures. In a well organised practice the entire treatment would be completed in eight to ten short visits. This set-up suited the patient in every way. They "purchased" for an agreed sum their entire treatment for many years and the number of hated and feared visits to the dental surgery was reduced to the absolute minimum.

Comprehensive treatment, on the other hand, was viewed as involving an indefinite number of visits for an indefinite number of years entailing incalculable expense and lengthy, awesome procedures.

The Community was being gradually educated out of this attitude and a more satisfactory state of affairs was evolving steadily and happily when profession and public alike were hit by the revolution of the Health Service Act. For years every practice-building dentist regarded any casual extraction patient as a potential 'regular' and preached the gospel of conservative dentistry during the visit. School Clinics had done much to earn confidence and respect for conservative work, while the enormous volume of this work carried out during the war for Service Personnel made innumerable converts.

The conservation of a mouth comparatively new to dental attention involves six to ten visits each of at least treble the duration required for extraction or denture visits, followed by an hour or so of maintenance treatment every six months. The removal of all economic restraint and the blazoning of "Free Comprehensive Treatment" added the final educational fillip to the already half-converted and inspired a flood of patients out of the 'four-fifths' to seek regular attention.

Add to these converts those who had suffered ill-fitting old dentures for several years who would not have sought new ones over the course of several future years but for the Act. Add again the old dears who have been contentedly edentulous for twenty or thirty years and who now "might as well troy a set for Sundays". Add also the comparatively well-to-do who professedly seek simply a tangible return for their enforced weekly contributions and it will be seen how the demands on a dentist's time can increase, and has increased, twentyfold almost overnight.

The dentist in the 'desirable residential area', in spite of having already a high proportion of well maintained mouths, is forced as the tide rises into successive improvisations; giving priority to former regular patients, to children and expectant mothers and to the relief of pain, while entering the rest on a waiting list to which there is no end. The competent receptionist has, perhaps, the least enviable job of all acting as a buffer between the harassed, frustrated and grossly overworked dentist on the one hand and the pleading, domineering or irate patient on the other. In the 'industrial area' the position has almost simplified itself by the frank impossibility of coping with the situation. Practitioners have had to close their doors after local arrangements with their colleagues to provide for the treatment of emergencies and a cigarette-queue class of patients has arisen who lay claim to visiting upwards of twenty surgeries before getting attention.

The dentist's sense of frustration in his inability to stem the tide is crowned by the desk work the scheme entails. A day of nine crowded hours at the chairside involves at least two hours of form checking and signing and letter drafting and writing either late into the evening or during what is left of the week-ends."

The lot then of a dental surgeon appears to him not to be an enviable one - but he is envied and has the added irritation of being regarded as one who, although not possessed of a cabinet minister's salary, has an income which fits him to be regarded as "less than vermin." Even fellow professional men are not free from such envy. Dental Surgeons employed in the School Health and Infant and Maternity Services are forsaking their posts to enter private practice - medical practitioners, remembering that their own obligation to their patients is for twenty-four hours a day make comparison with their own remuneration and that of dental surgeons and opticians - the influx of medical men into Public Health posts has become problematical.

It is essential, that the high aims of this Act should remain constantly in mind, that the public should use the services provided with consideration and that goodwill should be present, and appear to be present, among all who in any way are shaping this tremendous change in our social structure.

CAUSES OF DEATHS.		Deaths at the sub-joined ages of "RESIDENTS" whether occurring in or beyond the District.															
M = Male F = Female		Under 1 year		1 & under 5		5 & under 15		15 & under 25		25 & under 45		45 & under 65		65 & upwards		TOTAL Registrar-General's figures.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
2. Cerebro-Spinal Fever.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
6. Tuberculosis of respiratory system.		-	-	-	-	-	-	1	1	1	1	-	1	-	-	1	3
7. Other forms of Tuberculosis.		-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-
9. Influenza.		-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
13. Cancer of buccal cavity & cesophagus(M) Uterus(F)		-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
15. Cancer of Breast.		-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1
16. Cancer of all other sites		-	-	-	-	-	-	-	-	-	-	-	3	2	2	2	5
17. Diabetes.		-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-
18. Intra-cranial vascular lesions.		-	-	-	-	-	-	-	-	1	1	1	1	9	5	10	7
19. Heart Disease.		-	-	-	-	-	-	-	-	1	-	1	2	17	16	19	18
20. Other diseases of the circulatory system.		-	-	-	-	-	-	-	-	-	-	-	-	5	2	5	2
21. Bronchitis.		-	-	-	-	-	-	-	-	-	-	-	-	2	3	2	3
22. Pneumonia.		-	-	1	-	-	-	-	-	-	-	-	1	-	1	1	2
28. Nephritis.		-	-	-	-	-	-	-	-	-	-	-	-	1	1	1	1
32. Congenital malformations, birth injury, infantile disease.		-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3
34. Road Traffic Accidents.		-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
35. Other violent causes.		-	-	1	-	-	-	-	-	-	-	-	-	1	-	2	-
36. All other causes.		-	-	-	1	-	1	-	-	-	-	1	-	5	-	6	-
Total: Males.		-	-	2	-	-	-	-	-	3	-	4	-	43	-	52	-
Females.		-	3	-	1	-	2	-	1	-	2	-	10	-	31	-	50

					Male.		Female.		Total of Male & Female.	
					1948	1947	1948	1947	1948	1947
Under 1 year					-	(6)	3	(5)	3	(11)
1 year & " 5 years					2	(1)	1	(1)	3	(1)
5 years " " 15 "					-	(1)	2	(1)	2	(1)
15 " " " 25 "					-	(1)	1	(1)	1	(1)
25 " " " 45 "					3	(4)	2	(1)	5	(5)
45 " " " 65 "					4	(11)	10	(12)	14	(23)
65 & over.					3	(9)	4	(3)	7	(12)
70 " " " 75 "					7	(11)	8	(9)	15	(20)
75 " " " 80 "					11	(10)	8	(14)	19	(24)
74 in 1948.					13	(8)	4	(8)	17	(16)
80 " " " 85 "					7	(4)	4	(3)	11	(7)
85 " " " 90 "					2	(1)	3	(1)	5	(2)
(83 in 1947)					-	(1)	-	(1)	-	(1)
90 " " " 95 "					-	(1)	-	(1)	-	(1)
95 " " " 100 "					-	(1)	-	(1)	-	(1)
100 " " " 105 "					-	(1)	-	(1)	-	(1)
					52	(64)	50	(60)	102	(124)

	Rateable Value.	Penny Rate Product.	No. of inhabited houses.	Registrar-General's Estimate Population.	Total Deaths.	Deaths under one year.		Births.		Stillbirths.	
						Legitimate.	Illegitimate.	Legitimate.	Illegitimate.	Legitimate.	Illegitimate.
1936.	£22,590	£98	2,384	7,714	103	7	Nil	99	5	3	Nil
1937.	£23,296	£98	2,418	8,040	102	2	Nil	100	5	6	Nil
1938.	£23,783	£99	2,447	7,691	79	3	Nil	112	2	6	Nil
1939.	£24,751	£103	2,409	7,724	101	7	Nil	101	6	4	1
1940.	£25,141	£103	2,551	8,851	132	3	Nil	110	4	7	Nil
1941.	£25,019	£105	2,543	9,525	113	8	Nil	125	6	6	Nil
1942.	£25,003	£104	2,544	9,052	119	4	1	146	6	7	Nil
1943.	£26,781	£111	2,539	8,713	130	4	1	133	11	2	Nil
1944.	£26,723	£111	2,545	8,342	105	4	2	155	21	3	Nil
1945.	£26,777	£111	2,548	8,150	125	8	3	132	26	3	1
TOTALS FOR DECADE.	Nil	Nil	Nil	Nil	1,109	50	7	1,213	92	47	2
ANNUAL AVERAGE DURING DECADE.	£24,986	£104	2,493	8,380	111	5	0.7	121	9	4.7	0.2
1946.	£27,066	£112	2,552	8,180	97	2	1	125	23	5	1
1947.	£27,416	£114	2,608	8,199	125	8	3	131	19	4	Nil
1948.	£27,160	£113	2,738	8,524	102	3	Nil	150	11	2	Nil

1936
to
1945.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(a) LABORATORY FACILITIES. As from 31st March, 1947, the Emergency Public Health Laboratory Service have continued these services, without a block payment. Use has been made of both the Cambridge Laboratory, under the directorship of Dr. R. L. Fry, and the Ipswich Laboratory under the directorship of Dr. P. Martin.

(b) AMBULANCE FACILITIES. The County Council became responsible for these services on the 5th July, 1948, the Appointed Day, for the commencement of the National Health Service Act. In effect this appeared to be only a new financial arrangement, for the County Council decided to carry out their obligations by making use of the existing services provided by the Red Cross Society.

(c) NURSING IN THE HOME. The County Council as the Local Health Authority under the National Health Service Act proposed to continue the existing arrangements for the provision of a domiciliary nursing service. It is not expected that adequate staff will be available for a long time, but the provision of a night service will be considered when the shortage of nurses becomes less acute.

(d) CLINICS AND TREATMENT CENTRES. The National Health Service Act has changed the responsibility to other authorities for some clinics and treatment centres, none of which are the responsibility of the Local District Council.

(e) HOSPITALS. The hospitals serving the District passed into the hands of the Minister of Health on 5th July, the Appointed Date.

The hospitals used by Thedwastre residents may be judged on the following information with regard to live births and deaths.

Of the 161 total live births to Thedwastre Residents, only 92 occurred at their homes. The remaining 69 births took place outside of Thedwastre, of which the great majority occurred either at St. Mary's Hospital, Bury St. Edmunds, or at the West Suffolk General Hospital, Bury St. Edmunds.

Of the 102 deaths of Thedwastre Residents in 1948 there were 69 which occurred at their own homes in the District and 4 which occurred at homes of relatives or friends outside the District. The remaining 29 deaths occurred at hospitals or nursing homes as under:-

- 12 St. Mary's (P.A.C.) Hospital, Bury St. Edmunds.
- 11 West Suffolk General Hospital, Bury St. Edmunds.
- 2 St. Audry's Hospital, Melton.
- 1 Jenny Lind Hospital, Norwich.
- 1 Walnuttree Hospital, Sudbury.
- 1 Hartismere Hospital, Eye.
- 1 Brook House, Nursing Home, Henley Road, Ipswich.

SECTION C.

SANITARY CIRCUMSTANCES OF THE AREA.

1. (i) WATER. Progress of Proposed Comprehensive Scheme. Following upon the local Public Enquiry into the Water supply position in Thingoe and Thedwastre held in November 1947 the Council were informed that the scheme submitted at this Enquiry had been accepted by the Ministry of Health in principle, and subsequently permission to proceed with the first third of the scheme was given. During 1948, therefore, the Consulting Engineers prepared detailed proposals and duplicate boreholes were sunk at each of the three sites where trial bores had been sunk in 1947. The sinking of these three bores was not completed until 1949, but on test there was evidence of a very satisfactory supply, both quantitatively and qualitatively, as shown by the following analyses:-

	<u>Rushbrooke Borehole.</u>	<u>Risby Borehole.</u>	<u>Ixworth Borehole.</u>
Appearance.	Opalescence with a slight flocculent deposit consisting of chalk particles stained with iron oxide together with a few threads of Gallionella.	Bright with a very slight deposit of Mineral debris consisting chiefly of amorphous chalk particles stained with iron and copper. No iron bacteria found.	Faint opalescence with no visible deposit becoming bright with a very slight deposit of iron oxide on keeping. No iron bacteria found.
Turbidity (Silica Scale).	18	Less than 5.	6
Colour. (Hazen)	Nil	Nil	Slight yellow brown.
Odour.	Oily.	Faint oily.	Oily.
Reaction pH.	Neutral: 7.1	Neutral: 7.2	Neutral: 7.1
Free Carbon Dioxide.	27	33	31
Electric Conductive at 20°C.	530	530	680
Total Solids, dried at 180°C.	355	355	455
Chlorine in Chlorides.	19	17	43
Alkalinity as Calcium Carbonate.	270	250	280
Hardness.	Total 305 Carbonate Temporary 270 Non-Carbonate (Permanent) 35.	Total 300 Carbonate Temporary 250 Non-Carbonate (Permanent) 50.	Total 360 Carbonate Temporary 280 Non-Carbonate (Permanent) 80.
Nitrogen in Nitrates.	1.4	4.8	0.0
Nitrogen in Nitrites	Less than 0.01.	Less than 0.01	Absent.
Free Ammonia.	0.014	0.000	0.17
Oxygen absorbed in 4 hrs. at 27°C.	0.10	0.10	0.60
Albuminoid Ammonia.	0.000	0.000	0.030
Residual Chlorine.	-	-	-
Metals. Iron.	0.40	Less than 0.03	0.48
Copper.	0.05	0.29	0.05
Other Metals.	Absent.	Absent.	Absent.

Bacteriological Results.

No. of Colonies developing)
on Agar per cc. or ml. in)

1 day at 37°C

2 days at 37°C

3 days at 20°C

Not examined.

Not examined.

Not examined.

Inference. Rushbrooke Borehole.

This sample has opalescence and deposit causing turbidity, the matter in suspension include an objectionable trace of iron. It is free from other metals apart from a minute trace of copper. The water is very hard in character but not excessively so, contains no excess of salinity or mineral constituents in solution and is of a high standard of organic quality.

The odour of oil and the trace of copper are probably due to the temporary pumping equipment for the test.

Apart from the lack of clarity and the objection to the trace of iron, these results are consistent with a pure and wholesome water suitable for public supply purposes from the aspect of the chemical analysis.

Inference. Risby Borehole.

This sample is reasonably clear and bright in appearance since it contains only a trace of matter in suspension. The water is neutral in reaction and carries an appreciable though not undue quantity of free carbon dioxide. It is very hard in character but not to an excessive degree, contains no excess of salinity or mineral constituents in solution and is of the highest standard of organic quality. It is free from metals apart from a negligible trace of iron and a trace of copper. The faint oily odour and the trace of copper are probably due to the use of temporary equipment.

From the aspect of the chemical analysis, these results are consistent with a pure and wholesome water suitable for public supply purposes.

Inference. Ixworth Borehole.

This sample has faint opalescence which causes perceptible though not marked turbidity which is due to the presence of an objectionable trace of iron. It is free from other metals apart from a minute trace of copper. The water is very hard in character though not excessively so, contains no excess of salinity or mineral constituents in solution and is very satisfactory organic quality.

The faint odour of oil and the trace of copper are probably due to the temporary pumping equipment employed for the test.

Apart from the objection to the trace of iron and the fact that the water tends to be very hard, the results are consistent with a pure and wholesome water suitable for public supply purposes from the aspect of the chemical analysis.

(Signed) GORDON MILES.

For the Counties Public Health Laboratories.

2nd April, 1948.

"

There are as yet no Council owned public piped supplies in the District, the only piped supply is that of Capt. G. Walmsley of Gedding which supplies the Council Houses there and a few private houses.

The number of new dwellings built or converted during the year has slightly altered the percentages of houses supplied with water in the house, water within 200 feet of the house and with water to be obtained at a greater distance than 200 feet from the house. These percentages were at the end of 1948 respectively, 16%, 55% and 29%.

Carting of water was required during 1948 to some houses in the parishes of Drinkstone, Thurston and Woolpit.

Sixteen samples of water were submitted for bacteriological examination during 1948, and of these only three were reported as being satisfactory, three were suspicious and ten were unsatisfactory. Warning notices were provided where necessary.

(ii) DRAINAGE & SEWERAGE. The absence of public piped water supplies explains the absence of drainage and sewerage schemes, although many of the villages have been surveyed in order that at a later date the Council may, if economic tenders can be obtained, install such sewerage schemes.

2. RIVERS AND STREAMS. No new problems arose in this connection and as in previous years a man was employed continuously cleaning out ditches and streams in the District.

3. (i) CLOSET ACCOMMODATION. Apart from individual householders who have installed water closets and cesspool drainage, there has been no change. The working class houses are almost entirely supplied with pail closets.

(ii) PUBLIC CLEANSING. The Council have continued the quarterly collection of household refuse by local contractors with open 4/5 ton lorries. The refuse is deposited on privately owned tips at Elmswell, Badwell Ash, Thurston and Wattisfield and covered with soil.

Frequent visits are made by the Rat Catcher to the tips and suitable action taken to prevent the prevalence of vermin.

The cost of the collection was as follows:-

	<u>No. of Loads.</u>	<u>Cost.</u>		
		£.	s.	d.
Ashfield Magna	11½	15.	0.	0.
Badwell Ash	6	12.	0.	0.
Beyton	8	11.	4.	0.
Drinkstone	17	30.	5.	0.
Elmswell	21½	30.	15.	0.
Felsham	15	26.	5.	0.
Gedding	10	16.	11.	0.
Hessett	8	11.	4.	0.
Hinderclay	8	16.	0.	0.
Norton	17	30.	5.	0.
Rattlesden	18	27.	5.	0.
Rickingham	7½	16.	0.	0.
Stowlangtoft, Langham & Hunston	7	13.	10.	0.
Thurstun	12	17.	10.	0.
Tostock	8	11.	4.	0.
Wattisfield	7½	16.	0.	0.
Walsham-le-Willows	17	32.	10.	0.
Woolpit	18	25.	4.	0.
	<u>217</u>	<u>£358.</u>	<u>12.</u>	<u>6.</u>

(iii) SANITARY INSPECTION OF THE AREA. Mr. Wyatt has supplied the following tabular statement:-

	<u>Number of Inspections.</u>					
Dwelling Houses, Routine Inspections	157
Bacon Factory	245
Butchers Premises	72
Food Shops and Bakehouses	63
Factories	15
Shops	13
Cowsheds	50
Dairies	50
School Inspections	16
Interviews	20
Building Surveyor	95
Petroleum Act	95
Miscellaneous	102
Tents, vans and sheds	27
Visits, Building Licences	350
					Total:	<u>1,370</u>

Classified list of Housing Defects and Nuisances abated during 1948.

Wash Coppers	..	..	..	..	..	7
New Drains tested and passed	..	..	..	..	..	22
Roofs	..	..	..	..	..	31
Dirty Houses	..	..	..	..	..	1
Chimneys	..	..	..	..	..	2
Wells	..	..	..	..	..	2
Ceilings and Walls	..	..	..	..	..	39
Stairs	..	..	..	..	..	7
Dampness	..	..	..	..	..	31
Paving	..	..	..	..	..	2
Windows	..	..	..	..	..	19
Fireplaces	..	..	..	..	..	11
Foul Ditches	..	..	..	..	..	3
Floors	..	..	..	..	..	12
Gutters	..	..	..	..	..	3
Closets	..	..	..	..	..	6
Doors	..	..	..	..	..	10
Others	..	..	..	..	..	10
					Total:	<u>218</u>

In addition to the above, repairs were carried out to the Council Houses and those requisitioned under the Government Evacuation Scheme.

The number of Preliminary Notices served was 35

Factory Act, 1937. Inspections for purposes of provisions as to health.

Premises.	Number on Register.	Inspections	Written Notices.	Occupiers Prosecuted.
(i) Factories in which Sections 1,2,3,4 & 6 are to be enforced by Local Authorities	37	245	Nil	Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	18	47	Nil	Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority = (excluding out-workers' premises).	Nil	Nil	Nil	Nil
Total:	55	292	Nil	Nil

= i.e. Electrical Stations (Section 103 (1) -, Institutions. (Section 104) and sites of Building Operations and Works of Engineering Construction (Sections 107 and 108).

Particulars.	Number of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred. To H.M. Inspector.	By H.M. Inspector.	
Sanitary Conveniences					
Unsuitable or Defective	Nil	Nil	Nil	Nil	Nil

(iv) SHOPS AND OFFICES. 13 inspections relating to the provisions of the Shop Act, 1934, were made. From these inspections, which pay regard to cleanliness and to the provision of suitable and sufficient heating, ventilation and sanitary accommodation, no action was required in any case.

(v) CAMPING SITES. One application for a licence to occupy a site was made in 1948. There are three sites in use in the area, the number of persons concerned being approximately 25. Twenty-seven visits were made to these sites.

(vi) SMOKE ABATEMENT. No action necessary.

(vii) SWIMMING BATHS AND POOLS. Nil.

(viii) ERADICATION OF BED BUGS. Nil.

(ix) RATS AND MICE. The services of the Council's Rat Catcher has been retained. This Officer, under the supervision of the Sanitary Inspector, makes a systematic inspection of all premises (excluding farm premises) within the District.

Of the 4,500 premises visited, 98 were infested, all of which received treatment. 470 rats were destroyed, the estimated kill being 1,300.

4. SCHOOLS. Sixteen visits were paid to schools.

SECTION D.

H O U S I N G.

1. (1) (a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	303
(b)	Number of inspections made for the purpose	570
(2) (a)	Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations 1925.	Nil
(b)	Number of inspections made for the purpose	Nil
(3)	Number of dwellinghouses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	2
(4)	Number of dwellinghouses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation.	270
2.	<u>Remedy of defects during the year without service of formal notice.</u>	
	Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their Officers.	185
3.	<u>Action under Statutory Powers during the year.</u>	
(a)	<u>Proceedings under Section 9, 10 and 16 of the Housing Act, 1936.</u>	
(1)	Number of dwellinghouses in respect of which notices were served requiring repairs	Nil
(2)	Number of dwellinghouses which were rendered fit after service of formal notice:-	
(a)	By Owners	Nil
(b)	By Local Authority in default of Owners	Nil
(b)	<u>Proceedings under Public Health Acts.</u>	
(1)	Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	1
(2)	Number of dwellinghouses in which defects were remedied after service of formal notices:-	
(a)	By Owners	1
(b)	By Local Authority in default of Owners	Nil
(c)	<u>Proceedings under Section 11 and 13 of the Housing Act, 1936.</u>	
(1)	Number of dwellinghouses in respect of which	
(a)	Demolition Orders were made	Nil
(b)	Undertakings accepted not to relet for human habitation.	Nil
(c)	Undertaking cancelled upon completion of work.	Nil
(2)	Number of dwellinghouses demolished in pursuance of Demolition Orders.	
(d)	<u>Proceedings under Section 12 of the Housing Act, 1936.</u>	
(1)	Number of dwelling-houses in respect of which Closing Orders were made.	Nil
(2)	Number of dwelling-houses closed in pursuance of Closing Orders.	Nil

4. Housing Act, 1936 - Part IV - Overcrowding.

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| (a) (i) Number of dwellings overcrowded at the end of the year | Nil |
| (ii) Number of families dwelling therein | Nil |
| (iii) Number of persons dwelling therein. | Nil |
| (b) Number of new cases of overcrowding reported during the year. | Nil |
| (c) (i) Number of cases of overcrowding relieved during the year. | 14 |
| (ii) Number of persons concerned in such cases. | 88 |
| (d) Particulars of any cases in which dwellinghouses have again become overcrowded after the Local Authority having taken steps for the abatement of overcrowding. | Nil |

Housing is still the greatest problem of the Local Authority. The Table on page 14 indicates the extent of the progress which the Ministry of Health have allowed the Council to make, and also allows comparison to be made with the achievements of my other four District Councils.

SECTION E,
INSPECTION AND SUPERVISION OF FOOD.

- (a) MILK SUPPLY. The number of Registered Cowkeepers and Retail Purveyors of milk is 113. Fifty visits were paid to cowsheds and dairies.
- (b) MEAT AND OTHER FOODS. The St. Edmundsbury Co-operative Bacon Factory at Elmswell is the only licensed slaughter house in use. During the year 40,400 pigs were killed and 245 visits of inspection made. The condemnations were as follows:-

	<u>Number condemned.</u>	<u>Approximate Weight.</u>
Carcases	84	12,668 lbs.
Heads	1,531	24,000 lbs.
Plucks	1,046	7,832 lbs.
Intestines	806	
Kidneys	2,676	669 lbs.
		<hr/> 45,169 lbs. <hr/>
Tuberculosis	54	Pleurisy 2
Pyæmia	2	Septicæmia 7
Fevered	6	Jaundiced 2
Moribund	9	

The following were also condemned at shops within the District:-

Sausage Meat, 10 lbs.	Beans, 1 can.
Fresh Meat (Beef), 64 lbs.	Tinned Meat, 59 cans.
Marmalade, 4 cans.	Jam, 10 cans.
Milk, 16 cans.	Fish, 42 cans.
Grape Fruit Juice, 10 cans.	Fruit, 26 cans.

- (c) ADULTERATION, ETC. }
(d) CHEMICAL & BACTERIOLOGICAL EXAMINATION. } No change.
(e) NUTRITION. The Ministry of Food carried out many investigations to determine the adequacy, or otherwise, of the food eaten (the Ministry of Food was quite satisfied that the diet to which the people were entitled was more than adequate for a normal diet), including that carried out in our District in January and February 1948, on which comment was made in my previous Annual Report. That report included the Ministry's finding "that provided they are sufficiently active physically and mentally to obtain their supplies and prepare and cook them or have assistance in doing so, the diet they actually eat is also in fact adequate."

	MILDENHALL. Pop. 14,210. Total Post War. Total in Year.	THEDWASTRE. Pop. 8,524. Total Post War. Total in Year.	COSFORD. Pop. 9,364. Total Post War. Total in Year.	THINGOE. Pop. 16,630. Total Post War. Total in Year.	NEWMARKET. Pop. 9,680. Total Post War. Total in Year.
COUNCIL HOUSES.					
Completed at end of 1946	Nil (Nil)	18 (18)	Nil (Nil)	6 (6)	35 (350)
" " " 1947	55 (55)	55 (37)	62 (62)	80 (74)	84 (49)
" " " 1948	94 (39)	102 (47)	102 (40)	184 (104)	212 (1280)
CONVERSIONS BY COUNCIL.					
Family Units provided in 1946	11 (11)	3 (3)	21 (21)	37 (37)	17 (17)
" " " 1947	33 (22)	9 (6)	21 (Nil)	41 (4)	30 (13)
" " " 1948	33 (Nil)	24 (18)	34 (13)	71 (30)	62 (32)
COUNCIL HOUSES IN COURSE OF ERECTION AT END OF 1948.					
Roofed and Plastered.	21	12	38	24	2
Roofed.	6	12	-	2	-
Eaves Level.	4	4	4	2	-
Damp Course Level.	4	6	2	-	-
Footings.	-	8	-	24	-
	35	42	44	52	2
TOTAL:					
	14	20	8	50	44
Work not commenced in 1948 but tenders invited or approved.					
PRIVATE ENTERPRISE HOUSES.					
Completed at end of 1946	36 (36)	5 (5)	3 (3)	7 (7)	3 (3)
" " " 1947	48 (12)	21 (16)	13 (10)	8 (10)	8 (5)
" " " 1948	55 (7)	31 (10)	20 (7)	29 (12)	11 (3)
CONVERSIONS BY PRIVATE ENTERPRISE.					
Family Units provided in 1946	13 (13)	1 (1)	2 (2)	1 (1)	5 (5)
" " " 1947	26 (13)	1 (Nil)	2 (Nil)	3 (2)	25 (20)
" " " 1948	50 (24)	5 (4)	2 (Nil)	3 (Nil)	35 (10)
PRIVATE ENTERPRISE HOUSES IN COURSE OF ERECTION AT END OF 1948.					
	-	5	4	32	2

Includes 30 Prefabs. @ Includes 50 Prefabs. @ Includes 35 Prefabs. @ Includes 98 permanent non-traditional = "Easiform"

Ministries have repeatedly assured the country that never before have the poorer classes been 'so well fed, that we are producing the finest set of babies and young children ever seen in this country, because, not only are they receiving a more adequate diet, but their diet is better balanced and better qualitatively than ever before.

It must not be thought, however, that their views, on this adequacy of food and excellency of the physical results obtained, have produced complacency. How strenuous the Government's efforts continue to be is indicated by the fact that we are scraping the bottom of the barrel of the world's food supply and having recourse to tempting the palate with such things as whalemeat, snoek, barracouta, New Zealand goat meat, whilst even beaver meat has been tried out on the unsuspecting public.

Dr. Summerskill, Parliamentary Secretary to the Ministry of Food, is quoted as saying

"These new feeding habits which we are establishing are showing themselves in the decreased morbidity rate, the decreased mortality rate, the decreased maternal mortality rate and the decreased infantile mortality rate, which is the lowest on record."

Whatever effects are deemed to have occurred in the country as a whole, it will be found impossible to persuade the retailers of foodstuffs in Thedwastre that the population of our District has benefitted from such ardent achievements in diet mutation, and, indeed, there is little in Thedwastre's table of statistics (on the following page) to support such a view.

It will be observed, from the table, that, although the Death Rate for 1948 of 12.0 per thousand population is a satisfactory one, lower Death Rates have been recorded in 1946, 1941 and 1938, as also were lower Death Rates in 1935, 1934, 1930, 1929, 1921 and 1920 (records being available only to 1919) - the 15.2 Death Rate for the previous year, 1947, was only larger in 1945 and 1933 in the past thirty years.

The record of the Thedwastre District in Maternal Deaths since 1936 is indeed excellent - whilst 1,825 Live and Still births have occurred in the period, only two maternal deaths have occurred, which suggests that these excellent results are not consequent on any recent food policy. If further explanation of the low risk incurred in childbirth in the District, other than the greatest credit to those engaged in ante-natal, natal and post-natal care, is required there can be advanced inter alia education, especially diet and cookery instruction and possibly the advent of the short skirt, which, in past years, focussed the attention of the mothers of the present mothers on the need to maintain correct skeletons in their daughters - this besides satisfying an aesthetic sense has facilitated delivery.

In passing it may be wondered how great are the beneficial results to the public health effected by the policy of "Utility" clothing - a subject on which claims have been most modest or almost non-existent.

Thedwastre had during 1948 a new low record Infantile Mortality Rate, only 18.6 children under one year of age died per 1,000 live children born - the Country also had the lowest rate on record, it being 34 per thousand. When one considers that a greater percentage of firstborns is now occurring and that the birth dangers to firstborns are greater than to subsequent children it is natural to seek explanation of the lowering of the infant death rate. Despite the Government's solicitude for infants, as exemplified by milk and vitamin provision, changes in diet cannot be the whole explanation, for milk and vitamins have been supplied for some years - neither on the other hand is it to be explained by the fact that in war, siege or famine, breast feeding increases and infantile mortality falls. A study of the Thedwastre figures from 1936 to 1948 show that of the 74 infant deaths occurring whilst there were 1,763 live births (an Infantile Mortality Rate of 42 per thousand) the causes of death were:-

	<u>Per Thousand.</u>
48 Congenital Malformations, Birth Injuries, Infantile Diseases and Prematurity	27
15 Pneumonia, Measles, Whooping Cough, Influenza	9
6 Diarrhoea or other digestive diseases and Non-Pulmonary Tuberculosis	3
1 Accidental Death.	
4 All other Causes.	

YEAR.	DEATH RATE PER 1000 POPULATION.	NUMBER OF MATERNAL DEATHS.	NUMBER OF LIVE AND STILL BIRTHS.	INFANTILE MORTALITY. RATE OR DEATHS UNDER ONE YEAR PER 1000 LIVE BIRTHS.	NUMBER OF DEATHS UNDER ONE YEAR.										Diarrhoea.	Other Digestive Diseases.	Non-Pulmonary Tuberculosis.	Accidental Deaths	All other Causes.
					TOTAL.	Congenital Malformations, Birth Injuries, Infantile Diseases, Prematurity.	Infectious Diseases.				Whooping Cough.	Influenza.							
							Pneumonia.	Measles.	Whooping Cough.	Influenza.									
1936.	13.5	1	107	67.3	7	5	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	2	
1937.	13.2	Nil	111	19.0	2	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	
1938.	10.3	Nil	120	26.3	3	3	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
1939.	12.5	Nil	112	65.4	7	3	Nil	Nil	Nil	Nil	2	1	Nil	1	Nil	Nil	1	Nil	
1940.	14.9	Nil	121	26.3	3	2	1	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
1941.	11.9	Nil	137	61.1	8	3	2	1	1	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	
1942.	13.1	Nil	159	32.9	5	5	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
1943.	14.9	1	146	34.7	5	4	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	
1944.	12.6	Nil	179	34.1	6	4	Nil	Nil	Nil	Nil	Nil	Nil	1	Nil	1	Nil	Nil	Nil	
1945.	15.3	Nil	162	69.6	11	8	2	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	1	
1946.	11.9	Nil	154	20.3	3	1	1	Nil	Nil	Nil	Nil	Nil	1	Nil	Nil	Nil	Nil	Nil	
1947.	15.2	Nil	154	73.3	11	6	5	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
1948.	12.0	Nil	163	18.6	3	3	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	
TOTAL:		2	1,825		74	48			15					6		1		4	

It will be noted that if all the infant deaths at all attributable to feeding causes could have been avoided that the Infantile Mortality Rate would only have fallen by 3 from 42 to 39 - so the greatest possible improvement consequent on diet could only produce one third the improvement that the elimination of infectious diseases could produce and only one-ninth of that which the elimination of Congenital Malformations, Birth Injuries, Infantile Diseases and Prematurity could effect. It is suggested, therefore, that in the Country a far greater improvement in the Infantile Mortality Rate than that brought about by diet has occurred by the discovery of Penicillin and the Sulphonamide Drugs which have lessened the fatal consequences of Pneumonia and the Infectious Diseases and by the physical benefits to mothers which have been occurring steadily for many years plus possibly the fact that fewer unwanted children are conceived, which later reasons have reduced Congenital Malformations, Birth Injuries, Infantile Diseases and Prematurity.

- (f) SHELL-FISH.)
(g) WATER-CRESS.) No change.

SECTION E.
PREVALENCE OF & CONTROL OVER INFECTIOUS AND OTHER DISEASES.

The following table shows the number of Infectious Diseases among the civilian population during the year. These are the final numbers after corrections subsequently made either by the Notifying Medical Practitioner or by the Medical Superintendent of the Infectious Disease Hospitals.

ALL NOTIFIABLE DISEASES (other than Tuberculosis) DURING 1948.

				Scarlet	Fever.	Whooping	Cough.	Measles.	
Grand									
Total: M. F.				M	F	M	F	M	F
105	44	61	Totals:	3	1	8	15	33	45
Age	0	to under	1	-	-	-	1	1	-
	1	"	3	-	-	2	1	4	6
	3	"	5	1	1	2	5	4	11
	5	"	10	2	-	4	7	18	18
	10	"	15	-	-	-	-	6	6
	15	"	25	-	-	-	1	-	2
	25	"	45	-	-	-	-	-	2
	45	"	65	-	-	-	-	-	-

T U B E R C U L O S I S.
NEW CASES AND MORTALITY DURING 1948.

During 1948 there were 12 new cases as follows:-

- 10 Pulmonary: 5 Males. 1, 5, 22, 24, 29 years.
5 Females. 23, 25, 30, 35, 45 years.
2 Non-Pulmonary: 2 Females. 6, 45 years.

There were 3 deaths:-

- 2 Pulmonary: 1 Male. 24 years.
1 Female. 23 years.
1 Non-Pulmonary: 1 Male. 40 years.

